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## FEC FORM 3P

## REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

	Office Use Only
1. NAME OF COMMITTEE (in full, type or print)	Example: If typing, type over the lines. 12FE4M5
SCOTT WALKER INC	
ADDRESS (number and street)  PO BOX 620590	
Check if different than previously reported. (ACC)  MIDDLETON	CITY STATE ZIP CODE
2. FEC IDENTIFICATION NUMBER C C	00580480
3. TYPE OF REPORT (Choose One)	Check here if this is a Termination Report (TER)
Quarterly Reports:	Monthly Reports:
April 15 (Q1) October 15 (Q3)  X July 15 (Q2) January 31 Year-End Report (	YE)       Feb 20 (M2)       May 20 (M5)       Aug 20 (M8)       Nov 20 (M11)         YE)       Mar 20 (M3)       Jun 20 (M6)       Sep 20 (M9)       Dec 20 (M12)         Apr 20 (M4)       Jul 20 (M7)       Oct 20 (M10)       Jan 31 (YE)
12-Day Pre-Election Report for the Election on  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	30-Day Post-Election Report for the General Election on State of
4. IS THIS REPORT AN AMENDMENT?	s no
5. COVERING PERIOD 04 01 1	Y 2017 THROUGH 06 30 / Y Y Y Y Y Y
I certify that I have examined this Report and to the	best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Lind, Kate, , ,	
Signature of Treasurer Lind, Kate, , ,	[Electronically Filed] Date Date Date Date Date Date Date Date
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109  All previous versions of this form are obsolete and should no longer be used.	
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